

Request Form for a Reciprocal Pesticide Applicator's License from the State of Nebraska

PLEASE PRINT ALL INFORMATION REQUESTED

Applicator name:				
	First	MI	La	st
Home address:				
City/state/zip:				
Date of birth:	Phone: ()	Employer:	
Indicate all Nebraska categor 1 Ag Plant 1a Soil Fumigation 2 Ag Animal 3 Forest 4 Ornamental and Turf 5 Aquatic	ories you are requesting	to be licensed in: 5S Sewer Root Contr 6 Seed Treatment 7 Right-of-Way 8 Structural/Health 8W Wood-Destroyin 9 Public Health		10 Wood Preservation 11 Fumigation 12 Aerial 14 Wildlife Damage Control REG Regulatory D/R Demonstration/Research
Aerial applicators only: FA	A Commercial License	No.:		
If you have questions relate	d to the completion of the	his form, please contact NI	DA at (402) 471-2394.	
or Nebraska Secretary Name/title of selected	representative, the application of State is designated a resident agent:	cant may designate, in writ	ting, the Nebraska Secret	d enforcement actions be taken upon you. In early of State as their resident agent.
Address:		Phone:		
License requested:	Private (\$25)	Commercial (\$90 fee) Non-Commercial (fee exempt)		
Submit this form, along wit of FAA commercial license		ad a photocopy of your pe	esticide applicator's lice	nse for state of residence (plus a photocopy
		Nebraska Departmen Bureau of Plan P.O. Box 9 Lincoln, NE 68	t Industry 4756	
Make check payable to: No	ebraska Department of A	Agriculture		
OR Charge on credit card.	☐ Visa ☐ MasterC	Card Number: _		
	Expiration Date:		Cardholder's Name:	
Applicant's signature:			Date:	or tribe. I certify that the statements made on
I attest that my certific this form are true, com	ation has not been suspended plete, and correct to the	ended or revoked in the past best of my knowledge and	st three years in any state I belief.	or tribe. I certify that the statements made on

WP Form 198 (05/07)